

*Chafee Educational/Training Voucher Program*

**APPLICATION**

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Does Applicant currently reside in a Foster Home? Yes \_\_\_\_\_ No \_\_\_\_\_

or Program? Yes \_\_\_\_\_ No \_\_\_\_\_

Program Name: \_\_\_\_\_

Program Contact/#: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number : \_\_\_\_\_ Date entered DCYF Care \_\_\_\_\_

DCYF Worker: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

College / University Applying to: \_\_\_\_\_

**Has youth:**

• Submitted an Application to the College / University? Yes \_\_\_\_\_ No \_\_\_\_\_

• Received an Acceptance letter? Yes (please attach copy) \_\_\_\_\_ No \_\_\_\_\_

• Submitted a Financial Aid Form? Yes (please attach copy) \_\_\_\_\_ No \_\_\_\_\_

• Received a Financial Aid Award? Yes (please attach copy) \_\_\_\_\_ No \_\_\_\_\_

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**For Committee use only:**

Date: \_\_\_\_\_

Amount required: \_\_\_\_\_

Amount Awarded: \_\_\_\_\_

